

**APPLICATION FOR FLASHING
LIGHT/SIREN PERMIT**
E-215 REV. 6-2000

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
FLASHING LIGHT UNIT
On The Web At <http://dmvct.org>



**NOT A VALID PERMIT UNLESS VALIDATED
BELOW BY
STATE OF CONNECTICUT**

INSTRUCTIONS:

1. Type or print clearly.
2. If applying for a flashing light permit, the correct fee according to the listing below must be submitted with this application. Make check or money order payable to "DMV". Do not mail cash.
3. To qualify for a fee exemption if the vehicle is owned by or leased to the state or a municipality, submit with this application a letter of verification from an authorized state or municipal official stating that the vehicle is owned by or leased to the state or a municipality.
4. Current permits issued to the outgoing Fire Chief/Assistant must be surrendered for cancellation before an application can be accepted for the new Fire Chief/Assistant.
5. The vehicle listed below must have a current Connecticut registration. An application for a PRIVATE vehicle must be accompanied by a photocopy of the vehicle's current registration.

MAIL TO: DMV, Flashing Light Unit, 60 State Street, Wethersfield, CT 06161-5051

DMV USE ONLY

**EXPIRATION
DATE:**

APPLICANT INFORMATION	NAME OF APPLICANT OR COMPANY (Please print)	TITLE (If applicant is individual)	OPERATOR LICENSE NUMBER
	ADDRESS (Number and Street)	TYPE OF APPLICATION (Check one)	
	(City or Town) (State) (Zip Code)	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER	

TYPE OF PERMIT (Check only one)

<input type="checkbox"/> FLASHING RED LIGHT & SIREN PERMIT (Enclose \$7.00 fee)	<input type="checkbox"/> FLASHING RED AND WHITE LIGHT & SIREN PERMIT (Enclose \$14.00 fee)	<input type="checkbox"/> FLASHING WHITE LIGHT & SIREN PERMIT (Enclose \$7.00 fee)	<input type="checkbox"/> FLASHING AMBER LIGHT PERMIT (Enclose \$7.00 fee)
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VEHICLE INFORMATION	MAKE	YEAR	TYPE OF VEHICLE
	REGISTRATION PLATE NO. (The vehicle must be currently registered in CT)		VEHICLE IDENTIFICATION NUMBER (VIN)
	OWNER'S NAME AND ADDRESS		
	INSURANCE COMPANY NAME (Not agent)		INSURANCE POLICY NUMBER

APPLICANT CERTIFICATION	PURPOSE FOR PERMIT (please detail)	
	_____ _____ _____ _____ _____	
	I, the undersigned, declare under penalty of false statement that the information furnished above is true and complete to the best of my knowledge and belief.	
	SIGNATURE OF APPLICANT X	DATE SIGNED

REQUIRED AUTHORIZATION	I, the undersigned, believe that the best interest of the community will be served if the applicant name above is granted the type of permit(s) indicated above.		
	AUTHORIZED SIGNATURE X	TITLE	DATE SIGNED
	SIGNED BY (Check applicable box)		
	<input type="checkbox"/> LOCAL CHIEF OF POLICE <input type="checkbox"/> LOCAL CHIEF OF FIRE DEPARTMENT <input type="checkbox"/> LOCAL MAYOR <input type="checkbox"/> OFFICIAL OF DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES <input type="checkbox"/> DEPARTMENT OF TRANSPORTATION		
PRINTED NAME AND DEPARTMENT OF AUTHORIZER		DEPT. I.D. NUMBER	

DMV USE ONLY

REMARKS AND SPECIAL RESTRICTIONS

APPLICATION STATUS:

☐ APPROVED

☐ NOT APPROVED